

Michigan Department of Community Health  
**Board of Counseling**  
P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

## **COUNSELOR LICENSURE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all required documentation sent to the Board of Counseling. Questions regarding your application can be directed to the Michigan Board of Counseling at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

### **LIMITED LICENSE**

1. Complete the Counselor License Application form and submit it, along with the appropriate fee, to the Board of Counseling office. Applications submitted without the required licensing fee will be returned. An application accompanied by the appropriate fee is valid for two years.
2. **EDUCATIONAL REQUIREMENTS:** To be eligible, an applicant must have obtained a minimum of a master's degree in a counseling or student personnel work program of not less than 48 semester hours or 72 quarter hours which included studies in all of the following: career development; consulting; counseling techniques; counseling theories; counseling philosophy; group techniques; professional ethics; research methodology; testing procedures; practicum; AND an internship that consists of not less than 600 hours of supervised clinical experience in the practice of counseling.
  - a. Arrange for an **official transcript** of your graduate education to be forwarded directly to this office from the registrar of your educational institution. **STUDENT COPY TRANSCRIPTS WILL NOT BE ACCEPTED.**
  - b. Complete Section I of the **Certification of Counseling Education** form and forward it to the Director of your Counselor Education Program for certification of the education program you completed. Your Certification of Counseling Education form must be received in this office directly from your educational institution.
3. Professional Disclosure Statement - **See last page of instructions.**
4. Completed license verification forms must be received from every state in which you hold or have ever held a permanent Counseling license.

ORIGINAL LICENSES ARE VALID FOR A YEAR OR LESS, SUBSEQUENT RENEWALS ARE FOR A ONE-YEAR PERIOD.

### **FULL PROFESSIONAL COUNSELOR LICENSE BY EXAMINATION**

(Those with a degree and experience before October 1, 1993 see #8 on page 2 of these instructions.)

1. Complete the Counselor License Application form and submit it, along with the appropriate fee, to the Board of Counseling. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

2. **EDUCATIONAL REQUIREMENTS:** Meet the educational requirements as indicated above for a Limited License.
3. **EXPERIENCE:** Counseling experience under the supervision of a licensed professional counselor is required to qualify for a full professional counselor license. Individuals with a Master's degree must accrue 3,000 hours of post-degree counseling experience in not less than a two-year period with at least 100 hours accrued in the immediate physical presence of the supervisor. Individuals who have completed 30 semester hours or 45 quarter hours of graduate study in counseling beyond a Master's degree must accrue 1,500 hours of post degree counseling experience in not less than a one year period with at least 50 hours accrued in the immediate physical presence of the supervisor.

**PLEASE NOTE:** Effective January 2005, all supervisors of LLPC's are required to have training in the function of supervision. Counselors receiving supervision from a supervisor who does not have the required training can count only those hours accrued before January 1, 2005. Please refer to the information included with the Counseling Work Experience Form for more details.

4. Arrange for a completed **Counseling Work Experience** form to be submitted directly to the board office from your supervisor.
5. **EXAMINATION:** An applicant for Professional Counselor Licensure shall have passed one of the following examinations: The National Counselor Examination (NCE) given by the National Board for Certified Counselors (see enclosed NBCC form) **or** the Commission on Rehabilitation Counselor Certification (CRCC) Examination. (CRCC, 1815 Rohlwing Road, Suite E, Rolling Meadows, IL 60008; telephone (847) 394-2104.) Arrange for the examination agency to forward an official copy of your scores directly to this office.
6. Professional Disclosure Statement - **See last page of instructions.**
7. Completed license verification forms must be received from every state in which you hold or have ever held a counseling license.
8. **NOTE:** An individual who received a master's or doctoral degree in counseling or student personnel work by October 1, 1991 and had two years of experience by October 1, 1993 may be issued a full professional counselor license by doing the following:
  - a. Complete the Counselor License Application form and submit it, along with the appropriate fee, to the Board of Counseling office. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
  - b. Arrange for an **official transcript** of your counseling or student personnel work education to be forwarded directly to this office from the registrar of your educational institution. **STUDENT COPY TRANSCRIPTS WILL NOT BE ACCEPTED.**
  - c. Professional Disclosure Statement - **See last page of instructions.**
  - d. Completed license verification forms must be received from every state in which you hold or have ever held a permanent Counseling license.

**FULL PROFESSIONAL COUNSELOR LICENSE BY ENDORSEMENT** - Requires the applicant to be currently licensed as a professional counselor in another state and meet the following:

1. **If you have held licensure in another state and you have been engaged in the practice of counseling for a minimum of five years before the date of filing for a Michigan license:**
  - a. Complete the Counselor License Application form and submit it, along with the appropriate fee, to the Board of Counseling office. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
  - b. Professional Disclosure Statement - **See last page of instructions.**
  - c. Completed license verification forms must be sent directly to this office from every state in which you hold or have ever held a Counseling license.
2. **IF YOU HAVE NOT BEEN LICENSED IN ANOTHER STATE FOR A MINIMUM OF FIVE YEARS, YOU MUST APPLY BY EXAMINATION. PLEASE REFER TO THE INSTRUCTIONS FOR FULL PROFESSIONAL COUNSELOR BY EXAMINATION STARTING ON PAGE 1.**

## **PROFESSIONAL DISCLOSURE STATEMENT**

**Your license cannot be issued without a Professional Disclosure Statement(s) on file.** Attach a copy of your Professional Disclosure Statement(s) to your application for licensure.

A Professional Disclosure Statement is required from every applicant, even if you are not currently practicing. You must provide a separate Professional Disclosure Statement for each practice location. You are required to submit a new Professional Disclosure Statement to the board within 30 days if you have any changes to the required information.

Section 18113 of the Michigan Public Health Code, 1978 PA 368, as amended, requires that a licensed counselor furnish a Professional Disclosure Statement to all prospective clients before engaging in counseling services.

### **YOUR PROFESSIONAL DISCLOSURE STATEMENT MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:**

1. Your name, business address, and telephone number. (If not currently employed provide your name, address and telephone number as shown on your application for licensure.)
2. A description of your practice.
3. A description of your education and experience.
4. The fee you charge your clients or if you do not charge a fee.
5. The following information must be included in your Professional Disclosure Statement in the event your client(s) would like to file a complaint regarding your counseling services.

Michigan Department of Community Health  
Complaint and Allegation Division  
P.O. Box 30670, Lansing, MI 48909,  
(517) 373-9196\*

\*NOTE: This information is to be provided solely for the use of your clients in the event that they want to file a complaint regarding your services. This address is **NOT** to be used for any other purpose. All other correspondence to the Board should be addressed to the Michigan Board of Counseling, P.O. Box 30670, Lansing, MI 48909.

ORIGINAL LICENSES ARE VALID FOR A YEAR OR LESS, SUBSEQUENT RENEWALS ARE FOR A THREE-YEAR PERIOD.

## APPLICATION FOR LICENSEURE AS A COUNSELOR

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

### Type or Print Only

#### I AM APPLYING FOR THE FOLLOWING:

- ☐ Professional Counselor License by Exam - Fee: \$115.00 71-6401-01
- ☐ Professional Counselor License by Endorsement - Fee: \$115.00 71-6401-09
- ☐ Limited Counselor License - Fee: \$80.00 71-6401-03
- ☐ Professional Counselor License, Grandfathering - Fee: \$115.00 71-6401-05

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application.  
**DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number (     )
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Have you ever held a health professional license in Michigan?		
<input type="checkbox"/> No <input type="checkbox"/> If yes, list Michigan permanent I.D./license number and expiration date: _____		

#### Board Use Only

License Number

Date of Licensure

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name
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7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ Yes ☐ No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No
9. Do you hold or have you ever held a full counselor license in any state? List each state, the license number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.) ☐ Yes ☐ No

State	License/Registration Number	Date of Issue	How obtained (Endorsement or Examination)

**Provide a complete chronological record of your educational preparation.**  
Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance From To		Degree

Name
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**Provide a description of your professional counseling experience.**

Attach additional sheets if necessary.

Name and Address of Employer	Dates of Practice		Duties
	From	To	

**CERTIFICATION**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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## Michigan Department of Community Health

## Michigan Board of Counseling

P.O. Box 30670

Lansing, MI 48909

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www.michigan.gov/healthlicense

# MICHIGAN LICENSURE EXAMINATION REGISTRATION National Counselor Examination for Licensure and Certification (NCE)

Authority: Public Act 368 of 1978, as amended.  
 If this form is not completed, certification will not be issued.

**Type or Print Only**

Last Name		First Name		Middle Name	
Social Security Number ____		Home Phone ( )		Business Phone ( )	
Street Address					
City		State		Zip Code	
<b>Check One</b>	<b>Exam Date</b>	<b>Registration Deadline</b>	<b>Exam Location</b>	<b>Site ID</b>	
<input type="checkbox"/>	January 22, 2005	December 3, 2004	Rochester	2204	
<input type="checkbox"/>	April 16, 2005	February 25, 2005	Lansing	2201	
<input type="checkbox"/>	July 16, 2005	May 25, 2005	Lansing	2203	
<input type="checkbox"/>	October 22, 2005	September 2, 2005	Rochester	2212	

**ABOUT REGISTRATION**

- The cost to register is \$120. This examination fee is non-refundable/non-transferable.
- Registration is required. Deadlines are strictly enforced.
- All exam registration materials must be received by the registration deadline (**postmarks do NOT count**).
- You will receive your admission ticket approximately two weeks prior to the exam date.
- Your admission ticket will include information regarding the date and location of the exam.

**PLEASE INCLUDE WITH YOUR MATERIALS**

- Your completed registration form with signature.
- Your \$120 examination fee (please make check or money order payable to NBCC).

**WHERE TO SEND YOUR REGISTRATION MATERIALS**

NBCC  
 PO BOX 7407  
 Greensboro, NC 27417-0407

**QUESTIONS ABOUT THE EXAMINATION?** Tel: (336) 547-0607; fax: (336) 547-0017; E-mail: nbcc@nbcc.org

I understand that I am taking the NCE for the purpose of fulfilling requirements for counseling certification in Michigan. I authorize the NBCC to provide the Michigan Board of Counseling with examination results. Use of the NCE scores for licensure in other states may not occur until licensure is granted in Michigan.

If I am applying to take the examination solely for Michigan licensure, as opposed to certification, I stipulate that (1) I hold a master's degree in counseling or student personnel work; (2) I intend to apply for licensure as a professional counselor in Michigan within two years; and (3) I will not use the examination results for licensure in another state for at least one year following receipt of a passing score.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 (Month) (Year)

\_\_\_\_\_  
 Notary Public Signature

My Commission Expires \_\_\_\_\_

County/State \_\_\_\_\_

**CHARGE ORDER FORM - DO NOT DETACH**

Credit Card Type: VISA ☐ Mastercard ☐ American Express ☐

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Board of Counseling**

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**CERTIFICATION OF COUNSELING EDUCATION**

Authority: Public Act 368 of 1978, as amended.  
If this form is not completed, certification will not be issued.

**INSTRUCTIONS:** Type or print your name exactly as it appears on your application. Complete Section I and, if necessary, Section II. Forward this form to the director of your counseling education program for completion of **Section II. This certification must be submitted directly to the Michigan Board of Counseling by your educational institution.**

**SECTION I - APPLICANT INFORMATION**

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		
Name of Educational Institution	Date of Admission	Date Degree Granted
Level of Degree Granted	Discipline/Program Title	

Was the program you completed accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP)? ☐ Yes ☐ No

Was the program you completed accredited by the Council on Rehabilitation Education (CORE)? ☐ Yes ☐ No

If the answer is Yes to either of the above questions, it is not necessary to complete Section II. Please sign and forward to your educational institution for completion of Section III on the reverse side of this form.

**SECTION II - PROGRAM INFORMATION**

Was the institution you attended either Regionally or CHEA accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>My counseling education program consisted of areas of study in the courses indicated below as defined in Rule 338.1751 of the Board's Administrative Rules. List course titles and course numbers for each area below.</b>	
CAREER DEVELOPMENT:	CONSULTING:
COUNSELING PHILOSOPHY:	GROUP TECHNIQUES:
COUNSELING TECHNIQUES:	RESEARCH METHODOLOGY:
TESTING PROCEDURES:	PROFESSIONAL ETHICS:
COUNSELING THEORIES:	
Signature of Applicant	
Date of Signature	



Name

**EDUCATIONAL INSTITUTION INSTRUCTIONS:**

Please complete Section II below and forward the completed form to the Michigan Board of Counseling office at the address on Page 1 of this form. Attach additional sheets if needed to clarify the information provided by on the certification.

**SECTION III - CERTIFICATION OF COUNSELING PROGRAM**

Name of Educational Institution

Street Address of Institution

City, State and ZIP Code

I certify that \_\_\_\_\_ attended the  
 educational institution named above from \_\_\_\_\_, to \_\_\_\_\_,  
 Month/Day/Year Month/Day/Year  
 and was granted a \_\_\_\_\_ degree in \_\_\_\_\_  
 (level) (Discipline/Program Title)

and that the length of the program was at least 48 semester hours or 72 quarter hours. I certify that the program information on  
 Page 1 of this form is correct.

This program included a/an:

Practicum	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Internship of at least 600 hours of supervised experience	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

 \_\_\_\_\_  
 Signature of Program Representative

 \_\_\_\_\_  
 Date of Signature

 \_\_\_\_\_  
 Print or Type Name of Program Representative
**(S E A L)**
 \_\_\_\_\_  
 Telephone Number or e-mail address of Program Representative

In addition to a practicum, did your counseling education program include an internship of at least 600 hours of supervised clinical experience?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the program you completed at least 48 semester hours or 72 quarter hours?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of Applicant	Date of Signature		

**Applicant: Upon completion of Section I and II, send this form to your educational institution for completion of Section III.**

### EDUCATIONAL INSTITUTION INSTRUCTIONS:

Please complete Section II below and forward the completed form to the Michigan Board of Counseling office at the address on Page 1 of this form. Attach additional sheets if needed to clarify the information provided by on the certification.

### SECTION III - CERTIFICATION OF COUNSELING PROGRAM

Name of Educational Institution	
Street Address of Institution	
City, State and ZIP Code	
<p>I certify that _____ attended the  educational institution named above from _____, to _____,  (Month/Day/Year) (Month/Day/Year)  and was granted a _____ degree in _____,  (level) (Discipline/Program Title)  and that the information provided on this form regarding the program of counseling education completed by  this applicant is correct.</p>	
_____ Signature of Program Representative	_____ Date of Signature
_____ Print or Type Name of Program Representative	
_____ Telephone Number of Program Representative	

**(S E A L)**

**Board of Counseling**

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**COUNSELING WORK EXPERIENCE FORM**

Authority: Public Act 368 of 1978, as amended.

If this form is not completed, certification will not be issued.

**INSTRUCTIONS:** Type or print your name exactly as it appears on your application. Send this form directly to your professional counseling supervisor for completion of Section II. **THIS FORM MUST BE SUBMITTED DIRECTLY TO THE MICHIGAN BOARD OF COUNSELING BY YOUR SUPERVISOR.**

**SECTION 1 - APPLICANT INFORMATION: Complete this section and forward to your supervisor.**

Applicant's Name	Michigan Permanent License Number (if applicable)
U.S. Social Security Number	Telephone Number

**EXPERIENCE** - Counseling experience under the supervision of a licensed professional counselor is required to qualify for a full professional counselor license. Individuals with a master's degree must accrue 3,000 hours of post-degree counseling experience over a period of at least two years, with a minimum of 100 hours accrued under the immediate physical presence of the supervisor. Individuals who have completed 30 semester hours or 45 quarter hours of graduate study in counseling beyond a master's degree must accrue 1,500 hours of post-degree counseling experience in a period of at least one year, with a minimum of 50 hours accrued in the immediate physical presence of the supervisor.

**SECTION II - INSTRUCTIONS TO SUPERVISOR: Complete the remainder of this form and return it to the Board of Counseling at the address given above.**

Supervisor's Name	Michigan Permanent I.D. Number (If applicable)
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**Please answer the following questions about your credentials at the time you supervised the applicant.**

**For work experience in Michigan:**

Were you a licensed professional counselor in Michigan at the time you supervised the applicant?

☐ Yes☐ No**For work experience in other state:**

Were you licensed or certified as a professional counselor in the state where you were providing supervision?

☐ Yes☐ No

State \_\_\_\_\_ Type of License or Certificate \_\_\_\_\_

**Please answer the following questions about your supervision of the above named applicant's professional experience in the practice of counseling.**

What was your title at the time of supervision?

What was the applicant's title at the time of supervision?

Describe Applicant's Duties \_\_\_\_\_

Name
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I certify that \_\_\_\_\_ practiced counseling under my supervision at

Applicant's Name

located at

Name of Agency

Street Address

City, State, Zip Code

from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ hours.

Month/Day/Year

Month/Day/Year

At least ☐ 50 or ☐ 100 hours were accrued in my immediate physical presence.

**Effective January 1, 2005, all supervisors of Limited License Professional Counselors are required to have training in the function of supervision. Please refer to the next page, Questions About Training in Counselor Supervision.**

Have you received training in the function of supervision that covered the Recommended Content for Training in the Clinical Supervision of Counseling? ☐ Yes ☐ No

The Public Health Code requires that: 1) the supervisor be available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, and to further educate the applicant; 2) there must be continuous availability of direct communication in person or by radio, telephone, or telecommunication.

Did your supervision fulfill this agreement? ☐ Yes ☐ No

Supervisor's Signature	Date
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## **QUESTIONS ABOUT TRAINING IN COUNSELOR SUPERVISION**

### **LEGAL REQUIREMENT:**

Effective January 1, 2005, all supervisors of LLPC's are required to have training in the function of supervision. Counselors receiving supervision from a supervisor who does not have the required training can count only those hours accrued before January 1, 2005.

To continue providing clinical supervision to LLPC's after January 1, 2005, you must first determine whether you meet the legal requirement. Have you received the formal training in supervision necessary to continue providing supervision? Formal training in supervision necessary to continue providing supervision? Formal training generally costs money and has both didactic and experiential components. If your answer to this question is no, you don't meet the legal requirement and you definitely need to obtain get some formal training in order to continue doing clinical supervision. If your answer to this first question is yes, you meet the legal requirement.

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### **ETHICAL REQUIREMENT:**

To meet the ethical requirement that you only perform services for which you have been adequately trained, you also need to answer a second question: Whether you've had ENOUGH training. To answer that question, you might want to review the list of topics covered even in brief supervision training. As you look at the following list, are you familiar enough with the content that you would say, by these standards, that you have adequate training?

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### **RECOMMENDED CONTENT FOR TRAINING IN THE CLINICAL SUPERVISION OF COUNSELING:**

1. Function and Purpose of Supervision
    - How supervision differs from counseling and teaching
  2. Ethical and Legal issues in Supervision
    - Vicarious Liability, Dual Relationships, Confidentiality, Competence, and Client Care
  3. Models of Supervision
    - Developmental Models (e.g., Stoltenberg & Delworth)
    - Integrated Models (e.g., Bernard & Goodyear's Discrimination Models)
    - Theoretical Orientation- Specific Models (e.g., Adlerian or Solution-Focused Models)
    - Application of Models
  4. The Supervision Relationship
    - Characteristics of Supervisees
    - Relational Dynamics
    - Power and Authority
    - Styles of Supervision (e.g., Rando's Supportive Mentor, Teaching Mentor, Delegating Colleague, or Technical Director)
  5. Techniques of Supervision
    - Goal Setting
    - Documentation and Record Keeping
    - Assessment and Evaluation
    - Case Consultation
    - Group Supervision
    - Multicultural Issues in Supervision
  6. Skills of Supervision
    - General Skills (e.g. supporting, challenging, encouraging, and collaborating skills)
    - Working with Diversity in Supervision (e.g., attending to culture and race, gender, sexual orientation, disability, and religion)
    - Working with Difficult Supervisees (e.g., on issues of dependence, impairment, defensiveness, resistance, burnout, or stress)
    - Supervision of Supervision: (e.g., experiences having your supervision supervised)
-

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## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

### PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy <input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary		
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

### PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

### CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

( S E A L )

\_\_\_\_\_  
Title

\_\_\_\_\_  
Full Name of Licensing Board